

**DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES**



SUBJECT: NURSING TUITION REIMBURSEMENT PROGRAM

POLICY NO: 701.3

PURPOSE: To outline County and Department policy regarding nursing tuition reimbursement.

POLICY: Permanent employees may be entitled to obtain reimbursement for all or part of the tuition, which they've paid after successfully completing approved courses leading towards a position in the Nursing field. Approved courses include, but are not limited to the following:

- Courses required to obtain licensure as a Registered Nurse.
- Courses required to obtain a Bachelors Degree in Nursing.
- Courses required to obtain a Masters Degree in nursing or other healthcare related degree.
- Courses required to obtain a Doctoral Degree in Nursing Science or other doctoral program related to nursing.

To be eligible for reimbursement, the course must be taken at an accredited University or College and must meet the academic requirements of the Department's Training Plan, as well as the employee's training objectives. Accredited institutions are defined in the Los Angeles County Human Resources Management System Policies, Procedures, and Guidelines Manual under Section 123 titled "Accredited College Education". In addition, any courses taken to obtain a Registered Nurse license or advanced degree in Nursing (BSN or MSN) must be through a nursing program approved by the California Board of Registered Nursing.

Reimbursement will not be made for books, supplies or other incidental costs. Reimbursement will not be made for student activity fees and other special student assessments except at state schools where such charges are mandatory and no other tuition is charged.

A maximum of two (2) courses per employee which together total no more than eight (8) units of credit per semester/quarter will be considered for reimbursement. The facility Chief Nursing Officer (CNO), Nursing Director of Public Health, or DHS Human Resources-Nurse Recruitment Office will have the discretion to set the amount at which courses are reimbursed but will not exceed \$1,000 per semester/quarter and \$3,000 annually per Fiscal Year per employee based upon available funding. Courses costing \$5.00 or less per employee will not be eligible for reimbursement. A semester/quarter, for schools with class schedules more frequent than a 10 week quarter, is defined as two (2) classes covering a ten (10) week period.

Program Parameters

To qualify for reimbursement, the following requirements must be met:

- The employee must hold a permanent position within the Department of Health Services.

APPROVED BY:

A handwritten signature in black ink, appearing to be 'J. O. L. f', written over a horizontal line.

EFFECTIVE DATE: September 10, 2004

SUPERSEDES: December 13, 2002

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**DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES**

SUBJECT: NURSING TUITION REIMBURSEMENT PROGRAM

POLICY NO.: 701.3

- The employee must have received a competent or better rating in all areas for their Performance Evaluation in the immediate past year, and maintain the same or higher rating for the current year.
- If an employee does not maintain their performance rating of competent in all areas while receiving tuition reimbursement, they risk being terminated from the program.
- The employees must have successfully passed their initial six (6) month probation period before application for Tuition Reimbursement can be considered.
- The employee must meet attendance requirements as specified by their facility and/or Public Health.
- The employee must meet competitive selection requirements, set by each facility or program office, in instances where the reimbursement can be made available only to a limited number of employees.
- The employee must receive a passing grade of "C" or better.
- If the employee is a veteran they are not eligible for tuition reimbursement from the County until he/she exhausts their eligibility for tuition reimbursement from the federal government and the State of California.
- The employee shall take course work outside assigned working hours and on the employee's own time. Those employees who are participating in either the Workforce Development Program or the Employee Incentive Program will not be eligible to receive tuition reimbursement simultaneously.
- The employee shall submit a completed application for tuition reimbursement four (4) weeks prior to the commencement of the course.
- Upon completion of the approved course, once the employee has received their final grade report, a claim for tuition reimbursement should be submitted. Reimbursement claim forms will not be processed without proper documentation including prior course approval, proof of payment and course grade.
- Reimbursement claim forms will not be processed if they are submitted later than three (3) months from the course completion date.
- Employees who do not meet all of the above requirements will have their application/claim form denied.

EFFECTIVE DATE: September 10, 2004

SUPERSEDES: December 13, 2002

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DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: NURSING TUITION REIMBURSEMENT PROGRAM

POLICY NO.: 701.3

- If the employee terminates his/her employment with the DHS within one year of the date of the completion of the course for which he/she has been reimbursed, he/she shall return the amount of such reimbursement to DHS (County Code Section 5.52.040).

Nursing Administration at each facility and Public Health is responsible for program administration, including appropriate determination of employee eligibility for reimbursement, financial management, and maintenance of all program related documents for a period of five (5) years.

Reports shall be submitted by the facilities and Public Health to DHS Human Resources on a quarterly basis.

DHS Human Resources will monitor each facility and Public Health overall program administration on a quarterly basis. Available money shall be pooled centrally and divided in proportion to the number of Registered Nurses in each facility. At the end of the 2nd quarter of each fiscal year, DHS HR will review tuition reimbursement funding usage and may reallocate to facilities or Public Health based on higher volume of employee participation.

Each Fiscal Year, DHS Human Resources will provide the allocation amounts and allow each facility to administer the Tuition Reimbursement Program under their own controls as stipulated above.

AUTHORITY: Los Angeles County Code, Title 5, Section 5.52.

EFFECTIVE DATE: September 10, 2004

SUPERSEDES: December 13, 2002

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NURSING TUITION REIMBURSEMENT PROGRAM PROCEDURES

EMPLOYEE RESPONSIBILITIES:

Application for Tuition Reimbursement Form (Attachment A)

- 1) Completed application forms shall be submitted four (4) weeks prior to the commencement of the course.
- 2) Applicants must hold a permanent position in DHS and be in County service at the time of completion of the course.
- 3) For Veterans, attach proof that Veteran's Benefits have been exhausted.
- 4) Obtain your Supervisor's and Division Head's approval via signature on the application form and attach the following documents:
 - a. Most recent performance evaluation, and
 - b. List of required courses in the program and/or degree.
- 5) Submit the form to your facility/Public Health Nursing Administration. For nurses in Departments #110 and #120, submit completed form(s) to DHS Human Resources-Nurse Recruitment Office (DHS HR-NRO).

NOTE: SEE TUITION REIMBURSEMENT POLICY FOR LIST OF REQUIREMENTS

Claim for Tuition Reimbursement Form (Attachment B)

- 1) Completed claim forms will not be processed if they are submitted later than three (3) months from the course completion date.
- 2) Upon completion of the course(s) approved for reimbursement, the employee must complete the claim form and attach the following required documents:
 - a. Proof of payment (i.e., receipt of tuition payment, front and back of canceled check showing payment to the school, loan disbursement, or other payment document).
 - b. Grade report showing a "C" or better for each course on claim form.
- 3) Submit the completed form and the required documents to the facility/Public Health/DHS HR-NRO designee (hereafter "Designee").

FOR SCHOOLS WITH CLASS SCHEDULES MORE FREQUENT THAN A 10-WEEK QUARTER:

Employees attending this University are asked to submit one application and claim form covering two (2) five week classes. For purposes of this program, a semester/quarter is defined as two (2) classes covering a 10 week period, for a maximum of 4 applications and/or claims, not to exceed \$3,000.00, per Fiscal year.

DESIGNEE'S RESPONSIBILITIES:

Application for Tuition Reimbursement Form

- 1) Review the employee's application form to ensure that all required fields are completed.

NURSING TUITION REIMBURSEMENT PROGRAM PROCEDURES

- 2) Verify the employee meets the requirements in the Department's Tuition Reimbursement Program policy.
- 3) Confirm expenditure is within the program budget allocation (Attachment E).
- 4) If employee does not meet policy requirements or the form is incomplete send a *Notification of Denial or Request for Documentation* letter (see instructions under Incomplete or Denied Tuition Reimbursement, pg. 3 of this document).
- 5) If employee meets policy requirements, sign and approve application form.
- 6) Obtain signature from the Chief Nursing Officer (or authorized personnel) approving employee's request.
- 7) Record application information on *Tuition Reimbursement Log* (Attachment F).
- 8) Reconcile number of approved applicants with budget allocation spreadsheet, ensuring the number of approved applicants does not exceed the budget allocation.
- 9) File employee's application form.
- 10) Each Designee is responsible for maintaining Tuition Reimbursement Program files including Tuition Reimbursement application forms, claim forms and Reimbursement Warrant Receipt signature logs for a minimum of five (5) Fiscal Years.
- 11) Each Designee is responsible for providing quarterly reports on the Tuition Reimbursement Program including number of employees who have participated and total funds dispersed to DHS Human Resources.

Claim for Tuition Reimbursement Form

- 1) Review the employee's claim form to ensure that all required fields are completed.
- 2) Verify that an application form is on file and attach it to the claim form.
- 3) Verify that the following documents are received with the claim form:
 - a. Proof of payment (i.e., receipt of tuition payment, front and back of canceled check showing payment to the school or other payment document).
 - b. Grade report showing a "C" or better for each course on the claim form.
- 4) If employee does not meet policy requirement(s) or form is incomplete send a *Notification of Denial or Request for Documentation* letter (see instructions under Incomplete or Denied Tuition Reimbursement, pg. 3 of this document).
- 5) If employee meets policy requirements, sign and approve the claim form.
- 6) Submit a copy of the claim form and the *Registered Nurse (RN) Tuition Reimbursement Program -Request For Warrant* memo (Attachment G) to HSA Finance Division to process the employee's reimbursement warrant.
- 7) Update *Tuition Reimbursement Log* (Attachment F).
- 8) File original documents.

NURSING TUITION REIMBURSEMENT PROGRAM PROCEDURES

Reimbursement Check (Warrant)

- 1) Auditor/Controller will mail the reimbursement warrant(s) to the employee's home address as it appears on the claim form.

Incomplete Application and/or Claim Forms

- 1) Hold form(s) and contact employee to complete missing field(s) or submit missing document(s).
- 2) If employee completes form(s) and submits missing documents, continue procedure as indicated above.
- 3) If employee does not respond within two weeks, prepare *Request for Documentation* cover memo (Attachment C), retain copy for records, and return document(s) to the employee.

Denied Application and/or Claim Forms

- 1) Prepare *Denial* cover memo (Attachment D).
- 2) Retain copy of memo, application, and claim for records.
- 3) Return document(s) to employee.

DHS HUMAN RESOURCES - NURSE RECRUITMENT OFFICE (DHS HR-NRO) RESPONSIBILITIES:

- 1) Each Fiscal Year, prepare spreadsheet of tuition reimbursement budget allocations for each facility and Public Health.
- 2) Semi-annually, review facility/PH overall program administration and reconcile all budget allocations. Report will be submitted to CEOs, CNOs and HSA Administration.
- 3) If DHS Human Resources identifies excess available funding at the end of the 2nd quarter of the Fiscal Year, DHS Human Resources may reallocate funds to facilities or Public Health that may have higher usage.
- 4) On a quarterly basis, ensure all facility/PH employee terminations have complied with Tuition Reimbursement Policy regarding repayment.
- 5) Prepare quantitative usage reports semi-annually.

HEALTH SERVICES ADMINISTRATION FINANCE (HSA-FINANCE) RESPONSIBILITIES: 313 Figueroa Street, Suite 505, Los Angeles, CA 90012, (213) 240-7875

- 1) Receive and review a copy of the tuition reimbursement claim(s) from designee.
- 2) Process the claim/request warrant through the Auditor/Controller.
- 3) Auditor Controller will mail reimbursement warrant(s) to the employee's home address

County Of Los Angeles – Department Of Health Services

APPLICATION FOR REGISTERED NURSE TUITION REIMBURSEMENT

*Application forms must be submitted four weeks before the course begins. INCOMPLETE OR ILLEGIBLE FORMS WILL BE REJECTED

Last Name		First Name	
Employee No.		Item No.	
Mailing Address			
Work Location			
Work Address			
Work Phone No.	()	Home Phone No.	()
I am currently attending (School)		in one of the following programs:	
<input type="checkbox"/> Bachelors Degree in Nursing	<input type="checkbox"/> Masters Degree in:	<input type="checkbox"/> Doctoral Degree in:	

ATTACH A LIST OF THE REQUIRED CLASSES\COURSES

Course Title		Course No.		Units	
Course Begins (MMDD\YY)		Course Ends (MMDD\YY)			
Course Meets: S M T W TH F S	Time:				
Course Description					

Course Title		Course No.		Units	
Course Begins (MMDD\YY)		Course Ends (MMDD\YY)			
Course Meets: S M T W TH F S	Time:				
Course Description					

Registration Fee	\$
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Are you eligible for reimbursement through veteran's benefits? If YES, attach verifying documents that you have exhausted these benefits.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Date		Employee Signature	
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I recommend approval for this employee's application and certify that he/she meets the department's Registered Nurse Tuition Reimbursement Policy guidelines (meets attendance standards and has passed the initial probationary period, has a current rating of competent or better on his/her annual performance evaluation : <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Nurse Manager or Supervisor Signature	
Payroll Title		Print Name	
EMPLOYEE COMPLETES FRONT PAGE AND SUBMITS APPLICATION FORM TO FACILITY DESIGNEE OFFICE			

County Of Los Angeles – Department Of Health Services

APPLICATION FOR REGISTERED NURSE TUITION REIMBURSEMENT

*Application forms must be submitted four weeks before the course begins. INCOMPLETE OR ILLEGIBLE FORMS WILL BE REJECTED

Employee Last Name		Employee First Name	
Reviewed and approved by Facility Nurse Recruiter or Authorized Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Signature	
Payroll Title		Print Name	

Reviewed and approved by Chief Nursing Officer or Authorized Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Signature	
Payroll Title		Print Name	

TR application form – Attach A

County Of Los Angeles – Department Of Health Services
CLAIM FOR REGISTERED NURSE TUITION REIMBURSEMENT

INCOMPLETE OR ILLEGIBLE APPLICATION FORMS WILL BE REJECTED

EMPLOYEE SUBMITTED THE FOLLOWING ATTACHMENTS:

_____ Transcripts OR _____ Grades _____ Documentation of tuition payment

***For all documentation, please highlight the applicable grades, charges and/or payments relevant to the claim.**

Last Name		First Name	
Employee No.		Item No.	
Mailing Address			
Work Location			
Work Address			
Work Phone No.	()	Home Phone No.	()

Course Title		Course No.		Units	
Course Begins (MM\DD\YY)		Course Completed (MM\DD\YY)			
We would appreciate your evaluation of the course you attended from the standpoint of its value to your department in meeting its goals and objectives. This information is for the use of your department and Civil Service in future tuition reimbursement planning. Your evaluation in no way affects this Claim for Reimbursement.					
1. What did you learn in this course?					
2. As a result of taking this course, how will you apply what you learned to your job?					
3. Additional Comments:					

Course Title		Course No.		Units	
Course Begins (MM\DD\YY)		Course Completed (MM\DD\YY)			
We would appreciate your evaluation of the course you attended from the standpoint of its value to your department in meeting its goals and objectives. This information is for the use of your department and Civil Service in future tuition reimbursement planning. Your evaluation in no way affects this Claim for Reimbursement.					
1. What did you learn in this course?					
2. As a result of taking this course, how will you apply what you learned to your job?					
4. Additional Comments:					

Registration Fee	\$
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I request reimbursement for the registration fees paid as listed above. Proof of payment and grad report are attached. I understand that if I terminate my permanent employment with the County within one year after the completion of this course, I shall be required to return the full amount of this reimbursement to the County.	
Date	Employee Signature

**EMPLOYEE COMPLETES FRONT PAGE AND SUBMITS APPLICATION FORM TO
FACILITY DESIGNEE OFFICE**

County Of Los Angeles – Department Of Health Services

CLAIM FOR REGISTERED NURSE TUITION REIMBURSEMENT

Employee Last Name		Employee First Name	
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THIS SECTION IS FOR FACILITY/PUBLIC HEALTH DESIGNEE

Reviewed and approved by Facility/Public Health Designee: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Signature	
Payroll Title		Print Name	

AMOUNT TO BE REIMBURSED	\$
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FACILITY/PUBLIC HEALTH LETTERHEAD

{Date}

Dear {Employee Name}:

RE: TUITION REIMBURSEMENT (TR) – REQUEST FOR DOCUMENTATION

We are unable to process your TR request (copy attached) at this time due to missing information or documentation. Our records indicate that we do not have one or more of the following items:

- ☐ Record(s) of a passing grade of “C” or better for completed course(s)
- ☐ Nurse Manager or appropriate supervisor’s approval/signature
- ☐ Completed Application Form
- ☐ Completed Claim Form
- ☐ Proof of Payment for each course taken
- ☐ Proof of Exhaustion of Veteran’s Benefits (For Veterans Only)

Please fax the requested document(s) by {Date} to (Name) at {Fax Number}. Failure to respond by the requested date constitutes closure of this request.

If you have questions, please contact {Name} at {Contact Number}.

Very truly yours,

{Designee}

(Initials:typist)
TR req for documents

Attachment(s)

c: File

FACILITY/PUBLIC HEALTH LETTERHEAD

{Date}

Dear {Employee Name}:

RE: TUITION REIMBURSEMENT– NOTIFICATION OF DENIAL

Thank you for the submission of your Tuition Reimbursement request (copy attached). Our records indicate that due to one or more of the following reasons, your application does not meet the requirements for tuition reimbursement under County Policy No. {fill in new policy number} and has been rejected for payment:

- ☐ Course(s) submitted for reimbursement is/are not a part of an approved B.S.N., M.S., or Ph.D. degree program
- ☐ Course(s) were not taken at an approved Nursing School or College
- ☐ Course(s) submitted for reimbursement began prior to July 1, 2004
- ☐ You no longer hold a permanent position with the County of Los Angeles, Department of Health Services
- ☐ You have not successfully passed your initial six (6) month probation period
- ☐ You have not received a competent or better Performance Evaluation rating for the immediate past year
- ☐ You have not exhausted your Veteran's Benefits
- ☐ A complete application was not submitted in sufficient time before the commencement of the course.
- ☐ Other: _____

If you determine our records are in error, please fax supporting document(s) for our review by {DATE} to {Fax Number}. Failure to respond by the deadline date constitutes closure of this request.

If you have any questions or comments, please contact {Name} at {Contact Number}.

Very truly yours,

{Designee}

(initials:typist)
TR denial ltr

Attachments

c: File

DEPARTMENT OF HEALTH SERVICES

ATTACHMENT E

TUITION REIMBURSEMENT PROGRAM
Budget Allocation by Department

<u>FACILITY</u>	<u>ORDINANCED</u>	<u>BUDGETED</u>	<u>% OF BUDG</u>	<u>ALLOCATION AMOUNT</u>
Health Services Administration -110	75.00	73.00	1.14%	\$3,973.49
Office of Managed Care - 120	28.00	24.00	0.37%	\$1,306.35
High Desert Hospital - 130	230.00	130.20	2.02%	\$7,086.97
LAC+USC Medical Center - 160	2,267.00	2,038.50	31.70%	\$110,958.44
Northeast CHC/Health Centers - 161	231.00	197.00	3.06%	\$10,722.99
Harbor/UCLA Medical Center - 200	918.00	876.50	13.63%	\$47,709.14
LB CHC/Coastal Health Centers - 201	58.00	53.42	0.83%	\$2,907.73
King/Drew Medical Center - 225	1,041.00	836.79	13.01%	\$45,547.67
Southwest CHC/Health Centers - 226	114.00	86.50	1.35%	\$4,708.32
Olive View Medical Center - 240	564.00	519.42	8.08%	\$28,272.77
Mid-Valley CHC/Health Centers - 241	110.00	85.70	1.33%	\$4,664.77
California Children Services - 250	356.00	353.00	5.49%	\$19,214.29
Rancho Los Amigos National Rehabilitation Center - 260	408.00	389.00	6.05%	\$21,173.82
Juvenile Court Health Services - 290	128.00	115.00	1.79%	\$6,259.61
Public Health Programs - 295	705.00	632.08	9.83%	\$34,405.01
AIDS Program - 296	20.00	20.00	0.31%	\$1,088.63
TOTAL	7,253.00	6,430.11	100.00%	\$350,000.00

Note: Includes item #'s 5090, 5094, 5104, 5105, 5106, 5121, 5124, 5125, 5126, 5170, 5172, 5174, 5175, 5208, 5210, 5212, 5214, 5215, 5216, 5230, 5233, 5236, 5237, 5286, 5287, 5288, 5295, 5296, 5297, 5298, 5299, 5300, 5304, 5308, 5309, 5314, 5327, 5328, 5329, 5330, 5333, 5334, 5335, 5338, 5339, 5342, 5350, 5351, 5353, 5356, 5357, 5359, 5360, 5363, 5364, 5365, 5366, 5701, 5702, 5703, 5704

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
110 - Health Services Administration	75.00	73.00
5124 A - UTILIZATION REVIEW NURSE	3.00	3.00
5214 A - NURSING INSTRUCTOR	22.00	22.00
5215 N - NURSE TRAINING CONSULTANT	2.00	2.00
5216 A - SENIOR NURSING INSTRUCTOR	12.00	12.00
5216 N - SENIOR NURSING INSTRUCTOR	3.00	3.00
5287 A - ASSISTANT NURSING DIRECTOR, EDUCATION	1.00	1.00
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	8.00	8.00
5296 A - NURSING DIRECTOR, ADMINISTRATION	4.00	4.00
5338 A - SUPERVISING STAFF NURSE I	1.00	0.00
5351 A - NURSING CARE SPECIALIST I	6.00	5.00
5353 A - NURSING CARE SPECIALIST II	12.00	12.00
5357 A - CLINICAL NURSE SPECIALIST	1.00	1.00
120 - Office of Managed Care	28.00	24.00
5124 A - UTILIZATION REVIEW NURSE	8.00	8.00
5125 A - UTILIZATION REVIEW NURSE SUPVR I	1.00	1.00
5286 N - NURSE MANAGER	1.00	1.00
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1.00	1.00
5296 A - NURSING DIRECTOR, ADMINISTRATION	1.00	0.00
5314 N - ASSISTANT NURSING DIRECTOR I	1.00	1.00
5351 A - NURSING CARE SPECIALIST I	1.00	1.00
5353 A - NURSING CARE SPECIALIST II	10.00	8.00
5353 N - NURSING CARE SPECIALIST II	4.00	3.00
130 - High Desert Hospital	230.00	130.20
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	21.00	17.50
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	10.00	8.00
5104 A - LICENSED VOCATIONAL NURSE I	8.00	6.00
5121 A - NURSE PRACTITIONER	13.00	7.00
5124 A - UTILIZATION REVIEW NURSE	6.00	0.00
5125 A - UTILIZATION REVIEW NURSE SUPVR I	1.00	0.00
5172 A - NURSE ANESTHETIST II	3.00	2.00
5208 A - CLINICAL INSTRUCTOR, RN	1.00	1.00
5214 A - NURSING INSTRUCTOR	1.00	1.00
5230 A - PUBLIC HEALTH NURSE	1.00	0.00
5236 A - PUBLIC HEALTH NURSING SUPERVISOR	1.00	1.00
5286 A - NURSE MANAGER	9.00	3.00
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	3.00	2.00
5299 A - CLINICAL NURSING DIRECTOR II	1.00	1.00
5304 A - CHIEF NURSING OFFICER I	1.00	0.00
5327 A - CLINIC NURSE I	35.00	32.00
5328 A - CLINIC NURSE II	22.00	18.00
5329 A - SUPERVISING CLINIC NURSE I	6.00	5.00
5330 A - SUPERVISING CLINIC NURSE II	1.00	1.00
5335 A - STAFF NURSE	53.00	12.00
5338 A - SUPERVISING STAFF NURSE I	15.00	2.00

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
5342 A - CRITICAL CARE NURSE	7.00	0.00
5351 A - NURSING CARE SPECIALIST I	3.00	3.00
5353 A - NURSING CARE SPECIALIST II	6.00	5.70
5363 A - OPERATING ROOM NURSE I	2.00	2.00

160 - LAC+USC Medical Center	2,267.00	2,038.50
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	8.00	4.00
5090 N - CLINIC LICENSED VOCATIONAL NURSE I	1.00	0.50
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	6.00	3.00
5104 A - LICENSED VOCATIONAL NURSE I	79.00	49.00
5105 A - LICENSED VOCATIONAL NURSE II	93.00	64.00
5106 A - LICENSED VOCATIONAL NURSE III	14.00	10.00
5121 A - NURSE PRACTITIONER	17.00	17.00
5121 N - NURSE PRACTITIONER	3.00	3.00
5124 A - UTILIZATION REVIEW NURSE	22.00	21.00
5125 A - UTILIZATION REVIEW NURSE SUPVR I	3.00	3.00
5126 A - UTILIZATION REVIEW NURSE SUPVR II	1.00	1.00
5172 A - NURSE ANESTHETIST II	10.00	10.00
5174 A - SUPERVISING NURSE-ANESTHETIST	1.00	1.00
5208 A - CLINICAL INSTRUCTOR,RN	1.00	1.00
5210 A - NURSING,INSTRUCTOR SCH OF NRSNG	26.00	16.00
5212 A - SR NURSING,INSTRUCTOR SCH OF NRSNG	6.00	6.00
5214 A - NURSING INSTRUCTOR	4.00	2.00
5216 A - SENIOR NURSING INSTRUCTOR	13.00	12.00
5286 A - NURSE MANAGER	67.00	64.00
5287 A - ASSISTANT NURSING DIRECTOR, EDUCATION	2.00	2.00
5288 A - NURSING DIRECTOR, EDUCATION	2.00	1.00
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	29.00	28.00
5296 A - NURSING DIRECTOR, ADMINISTRATION	3.00	3.00
5299 A - CLINICAL NURSING DIRECTOR II	1.00	1.00
5300 A - CLINICAL NURSING DIRECTOR III	4.00	4.00
5309 A - CHIEF NURSING OFFICER III	1.00	1.00
5327 A - CLINIC NURSE I	26.00	24.00
5328 A - CLINIC NURSE II	187.00	168.00
5329 A - SUPERVISING CLINIC NURSE I	11.00	10.00
5335 A - STAFF NURSE	915.00	873.00
5338 A - SUPERVISING STAFF NURSE I	141.00	127.00
5339 A - SUPERVISING STAFF NURSE II	11.00	10.00
5342 A - CRITICAL CARE NURSE	398.00	349.00
5351 A - NURSING CARE SPECIALIST I	28.00	27.00
5351 N - NURSING CARE SPECIALIST I	1.00	0.00
5353 A - NURSING CARE SPECIALIST II	33.00	33.00
5357 A - CLINICAL NURSE SPECIALIST	6.00	3.00
5359 A - NURSE-MIDWIFE	13.00	10.00
5364 A - OPERATING ROOM NURSE II	73.00	70.00
5365 A - SUPERVISING SURGERY NURSE I	4.00	4.00
5366 A - SUPERVISING SURGERY NURSE II	3.00	3.00

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
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161 - Northeast CHC/Health Centers	231.00	197.00
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	36.00	35.50
5090 N - CLINIC LICENSED VOCATIONAL NURSE I	2.00	1.00
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	14.00	14.00
5104 A - LICENSED VOCATIONAL NURSE I	3.00	3.00
5105 A - LICENSED VOCATIONAL NURSE II	1.00	1.00
5121 A - NURSE PRACTITIONER	25.00	23.00
5121 N - NURSE PRACTITIONER	1.00	0.00
5172 A - NURSE ANESTHETIST II	4.00	0.00
5230 A - PUBLIC HEALTH NURSE	6.00	6.00
5237 A - PROGRAM SPECIALIST,PHN	2.00	2.00
5286 A - NURSE MANAGER	12.00	12.00
5296 A - NURSING DIRECTOR, ADMINISTRATION	1.00	1.00
5298 A - CLINICAL NURSING DIRECTOR I	1.00	1.00
5299 A - CLINICAL NURSING DIRECTOR II	1.00	1.00
5327 A - CLINIC NURSE I	52.00	49.00
5328 A - CLINIC NURSE II	34.00	26.00
5328 N - CLINIC NURSE II	1.00	1.00
5329 A - SUPERVISING CLINIC NURSE I	6.00	6.00
5330 A - SUPERVISING CLINIC NURSE II	1.00	1.00
5335 A - STAFF NURSE	9.00	1.00
5338 A - SUPERVISING STAFF NURSE I	1.00	1.00
5351 A - NURSING CARE SPECIALIST I	2.00	2.00
5353 A - NURSING CARE SPECIALIST II	2.00	2.00
5359 A - NURSE-MIDWIFE	2.00	1.00
5363 A - OPERATING ROOM NURSE I	9.00	5.00
5364 A - OPERATING ROOM NURSE II	3.00	1.50

200 - Harbor/UCLA Medical Center	918.00	876.50
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	7.00	4.00
5104 A - LICENSED VOCATIONAL NURSE I	53.00	53.00
5105 A - LICENSED VOCATIONAL NURSE II	28.00	27.00
5106 A - LICENSED VOCATIONAL NURSE III	8.00	8.00
5121 A - NURSE PRACTITIONER	36.00	35.50
5124 A - UTILIZATION REVIEW NURSE	11.00	11.00
5125 A - UTILIZATION REVIEW NURSE SUPVR I	1.00	1.00
5170 A - GRADUATE NURSE ANESTHETIST	1.00	1.00
5172 A - NURSE ANESTHETIST II	19.00	18.50
5174 A - SUPERVISING NURSE-ANESTHETIST	1.00	1.00
5175 A - NURSE ANESTHETIST-INSTRUCTOR	3.00	3.00
5208 A - CLINICAL INSTRUCTOR,RN	3.00	3.00
5216 A - SENIOR NURSING INSTRUCTOR	2.00	2.00
5216 N - SENIOR NURSING INSTRUCTOR	1.00	1.00
5286 A - NURSE MANAGER	26.00	26.00
5286 N - NURSE MANAGER	1.00	1.00
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	7.00	7.00

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
5296 A - NURSING DIRECTOR, ADMINISTRATION	3.00	3.00
5299 A - CLINICAL NURSING DIRECTOR II	1.00	1.00
5300 A - CLINICAL NURSING DIRECTOR III	2.00	2.00
5308 A - CHIEF NURSING OFFICER II	1.00	1.00
5314 A - ASSISTANT NURSING DIRECTOR I	1.00	1.00
5327 A - CLINIC NURSE I	24.00	21.00
5328 A - CLINIC NURSE II	94.00	91.50
5329 A - SUPERVISING CLINIC NURSE I	10.00	10.00
5333 A - INTRAVENOUS THERAPY NURSE	11.00	11.00
5334 A - SENIOR INTRAVENOUS THERAPY NURSE	4.00	2.00
5335 A - STAFF NURSE	301.00	286.00
5338 A - SUPERVISING STAFF NURSE I	45.00	40.00
5339 A - SUPERVISING STAFF NURSE II	5.00	5.00
5342 A - CRITICAL CARE NURSE	133.00	128.00
5351 A - NURSING CARE SPECIALIST I	25.00	25.00
5353 A - NURSING CARE SPECIALIST II	13.00	13.00
5357 A - CLINICAL NURSE SPECIALIST	11.00	11.00
5359 A - NURSE-MIDWIFE	7.00	6.00
5364 A - OPERATING ROOM NURSE II	19.00	16.00

201 - LB CHC/Coastal Health Centers	58.00	53.42
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	4.00	4.00
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	2.00	2.00
5094 N - CLINIC LICENSED VOCATIONAL NURSE II	1.00	1.00
5104 A - LICENSED VOCATIONAL NURSE I	2.00	2.00
5104 N - LICENSED VOCATIONAL NURSE I	1.00	1.00
5105 A - LICENSED VOCATIONAL NURSE II	3.00	3.00
5121 A - NURSE PRACTITIONER	7.00	5.00
5121 N - NURSE PRACTITIONER	2.00	2.00
5230 N - PUBLIC HEALTH NURSE	1.00	1.00
5237 A - PROGRAM SPECIALIST,PHN	1.00	1.00
5286 A - NURSE MANAGER	1.00	0.00
5298 A - CLINICAL NURSING DIRECTOR I	1.00	1.00
5327 A - CLINIC NURSE I	19.00	18.67
5327 N - CLINIC NURSE I	2.00	2.00
5328 A - CLINIC NURSE II	7.00	6.75
5328 N - CLINIC NURSE II	1.00	1.00
5329 A - SUPERVISING CLINIC NURSE I	2.00	2.00
5330 N - SUPERVISING CLINIC NURSE II	1.00	0.00

225 - King/Drew Medical Center	1,041.00	836.79
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	8.00	5.00
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	3.00	2.00
5104 A - LICENSED VOCATIONAL NURSE I	87.00	65.34
5105 A - LICENSED VOCATIONAL NURSE II	25.00	18.84
5106 A - LICENSED VOCATIONAL NURSE III	19.00	12.67
5121 A - NURSE PRACTITIONER	21.00	9.00

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
5121 N - NURSE PRACTITIONER	1.00	1.00
5124 A - UTILIZATION REVIEW NURSE	24.00	22.00
5125 A - UTILIZATION REVIEW NURSE SUPVR I	1.00	1.00
5172 A - NURSE ANESTHETIST II	3.00	2.00
5175 A - NURSE ANESTHETIST-INSTRUCTOR	1.00	1.00
5214 A - NURSING INSTRUCTOR	6.00	6.00
5215 A - NURSE TRAINING CONSULTANT	1.00	1.00
5230 N - PUBLIC HEALTH NURSE	1.00	1.00
5286 A - NURSE MANAGER	26.00	21.50
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	7.00	7.00
5296 A - NURSING DIRECTOR, ADMINISTRATION	3.00	2.00
5298 A - CLINICAL NURSING DIRECTOR I	2.00	0.00
5299 A - CLINICAL NURSING DIRECTOR II	3.00	3.00
5300 A - CLINICAL NURSING DIRECTOR III	1.00	1.00
5308 A - CHIEF NURSING OFFICER II	1.00	1.00
5314 A - ASSISTANT NURSING DIRECTOR I	5.00	5.00
5327 A - CLINIC NURSE I	3.00	2.50
5328 A - CLINIC NURSE II	197.00	148.84
5328 N - CLINIC NURSE II	3.00	3.00
5329 A - SUPERVISING CLINIC NURSE I	12.00	8.17
5335 A - STAFF NURSE	307.00	259.67
5338 A - SUPERVISING STAFF NURSE I	53.00	42.34
5338 N - SUPERVISING STAFF NURSE I	1.00	1.00
5339 A - SUPERVISING STAFF NURSE II	4.00	3.00
5342 A - CRITICAL CARE NURSE	145.00	125.00
5351 A - NURSING CARE SPECIALIST I	15.00	14.00
5353 A - NURSING CARE SPECIALIST II	18.00	13.92
5357 A - CLINICAL NURSE SPECIALIST	5.00	5.00
5359 A - NURSE-MIDWIFE	15.00	10.00
5360 A - CHIEF NURSE-MIDWIFE	1.00	1.00
5363 A - OPERATING ROOM NURSE I	4.00	3.00
5364 A - OPERATING ROOM NURSE II	9.00	8.00

226 - Southwest CHC/Health Centers	114.00	86.50
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	20.00	14.00
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	1.00	0.50
5104 A - LICENSED VOCATIONAL NURSE I	4.00	4.00
5121 A - NURSE PRACTITIONER	7.00	6.00
5230 A - PUBLIC HEALTH NURSE	9.00	3.00
5236 A - PUBLIC HEALTH NURSING SUPERVISOR	1.00	0.00
5236 N - PUBLIC HEALTH NURSING SUPERVISOR	1.00	1.00
5237 A - PROGRAM SPECIALIST,PHN	1.00	0.00
5286 A - NURSE MANAGER	4.00	4.00
5287 A - ASSISTANT NURSING DIRECTOR, EDUCATION	1.00	1.00
5299 A - CLINICAL NURSING DIRECTOR II	1.00	1.00
5327 A - CLINIC NURSE I	27.00	19.00
5328 A - CLINIC NURSE II	15.00	14.00

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
5329 A - SUPERVISING CLINIC NURSE I	7.00	7.00
5335 A - STAFF NURSE	4.00	4.00
5351 A - NURSING CARE SPECIALIST I	5.00	2.00
5351 N - NURSING CARE SPECIALIST I	1.00	1.00
5353 A - NURSING CARE SPECIALIST II	4.00	4.00
5359 A - NURSE-MIDWIFE	1.00	1.00

240 - Olive View Medical Center	564.00	519.42
5104 A - LICENSED VOCATIONAL NURSE I	20.00	19.00
5105 A - LICENSED VOCATIONAL NURSE II	22.00	20.00
5121 A - NURSE PRACTITIONER	14.00	14.00
5121 N - NURSE PRACTITIONER	1.00	0.50
5124 A - UTILIZATION REVIEW NURSE	9.00	8.00
5125 A - UTILIZATION REVIEW NURSE SUPVR I	2.00	1.50
5170 A - GRADUATE NURSE ANESTHETIST	1.00	1.00
5172 A - NURSE ANESTHETIST II	5.00	4.00
5214 A - NURSING INSTRUCTOR	1.00	1.00
5286 A - NURSE MANAGER	16.00	14.50
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	6.00	4.80
5296 A - NURSING DIRECTOR, ADMINISTRATION	4.00	2.00
5299 A - CLINICAL NURSING DIRECTOR II	3.00	3.00
5308 A - CHIEF NURSING OFFICER II	1.00	1.00
5327 A - CLINIC NURSE I	14.00	11.00
5328 A - CLINIC NURSE II	27.00	21.00
5328 N - CLINIC NURSE II	1.00	1.00
5329 A - SUPERVISING CLINIC NURSE I	6.00	5.00
5330 A - SUPERVISING CLINIC NURSE II	1.00	0.00
5335 A - STAFF NURSE	273.00	253.42
5338 A - SUPERVISING STAFF NURSE I	32.00	31.00
5339 A - SUPERVISING STAFF NURSE II	6.00	5.00
5342 A - CRITICAL CARE NURSE	68.00	68.00
5351 A - NURSING CARE SPECIALIST I	7.00	6.70
5353 A - NURSING CARE SPECIALIST II	10.00	10.00
5357 A - CLINICAL NURSE SPECIALIST	3.00	3.00
5363 A - OPERATING ROOM NURSE I	2.00	2.00
5364 A - OPERATING ROOM NURSE II	8.00	7.00
5366 A - SUPERVISING SURGERY NURSE II	1.00	1.00

241 - Mid-Valley CHC/Health Centers	110.00	85.70
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	16.00	11.00
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	2.00	2.00
5104 A - LICENSED VOCATIONAL NURSE I	15.00	11.00
5104 N - LICENSED VOCATIONAL NURSE I	1.00	1.00
5121 A - NURSE PRACTITIONER	14.00	12.00
5121 N - NURSE PRACTITIONER	1.00	1.00
5286 A - NURSE MANAGER	2.00	1.50
5299 A - CLINICAL NURSING DIRECTOR II	1.00	1.00

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
5327 A - CLINIC NURSE I	29.00	25.00
5328 A - CLINIC NURSE II	13.00	8.50
5329 A - SUPERVISING CLINIC NURSE I	1.00	1.00
5330 A - SUPERVISING CLINIC NURSE II	1.00	1.00
5335 A - STAFF NURSE	2.00	0.00
5351 A - NURSING CARE SPECIALIST I	11.00	8.70
5353 A - NURSING CARE SPECIALIST II	1.00	1.00

250 - California Children Services	356.00	353.00
5104 N - LICENSED VOCATIONAL NURSE I	8.00	7.00
5125 A - UTILIZATION REVIEW NURSE SUPVR I	3.00	3.00
5126 A - UTILIZATION REVIEW NURSE SUPVR II	1.00	1.00
5214 A - NURSING INSTRUCTOR	1.00	1.00
5214 N - NURSING INSTRUCTOR	3.00	3.00
5216 N - SENIOR NURSING INSTRUCTOR	1.00	1.00
5230 A - PUBLIC HEALTH NURSE	138.00	136.00
5230 N - PUBLIC HEALTH NURSE	3.00	3.00
5233 N - ASSISTANT PROGRAM SPECIALIST,PHN	5.00	5.00
5236 A - PUBLIC HEALTH NURSING SUPERVISOR	11.00	11.00
5237 A - PROGRAM SPECIALIST,PHN	1.00	1.00
5237 N - PROGRAM SPECIALIST,PHN	2.00	2.00
5286 A - NURSE MANAGER	3.00	3.00
5286 N - NURSE MANAGER	2.00	2.00
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1.00	1.00
5328 A - CLINIC NURSE II	4.00	4.00
5350 A - MEDICAL SERVICE COORDINATOR,CCS	70.00	70.00
5350 N - MEDICAL SERVICE COORDINATOR,CCS	82.00	82.00
5351 A - NURSING CARE SPECIALIST I	1.00	1.00
5356 A - SUPVG MEDICAL SERVICE COORD,CCS	5.00	5.00
5356 N - SUPVG MEDICAL SERVICE COORD,CCS	11.00	11.00

260 - Rancho Los Amigos National Rehabilitation Center	408.00	389.00
5104 A - LICENSED VOCATIONAL NURSE I	55.00	54.00
5105 A - LICENSED VOCATIONAL NURSE II	1.00	1.00
5121 A - NURSE PRACTITIONER	6.00	6.00
5124 A - UTILIZATION REVIEW NURSE	11.00	11.00
5125 A - UTILIZATION REVIEW NURSE SUPVR I	1.00	1.00
5172 A - NURSE ANESTHETIST II	1.00	0.00
5208 A - CLINICAL INSTRUCTOR,RN	4.00	4.00
5214 A - NURSING INSTRUCTOR	1.00	1.00
5286 A - NURSE MANAGER	13.00	13.00
5287 A - ASSISTANT NURSING DIRECTOR, EDUCATION	2.00	2.00
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	4.00	4.00
5296 A - NURSING DIRECTOR, ADMINISTRATION	1.00	1.00
5297 A - NURSING DIRECTOR, RESEARCH	1.00	1.00
5299 A - CLINICAL NURSING DIRECTOR II	3.00	3.00
5308 A - CHIEF NURSING OFFICER II	1.00	1.00

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
5327 A - CLINIC NURSE I	4.00	4.00
5328 A - CLINIC NURSE II	1.00	1.00
5335 A - STAFF NURSE	218.00	204.00
5338 A - SUPERVISING STAFF NURSE I	22.00	21.00
5342 A - CRITICAL CARE NURSE	31.00	29.00
5351 A - NURSING CARE SPECIALIST I	6.00	6.00
5353 A - NURSING CARE SPECIALIST II	10.00	10.00
5357 A - CLINICAL NURSE SPECIALIST	4.00	4.00
5363 A - OPERATING ROOM NURSE I	1.00	1.00
5364 A - OPERATING ROOM NURSE II	6.00	6.00

290 - Juvenile Court Health Services	128.00	115.00
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	13.00	13.00
5105 A - LICENSED VOCATIONAL NURSE II	0.00	0.00
5121 A - NURSE PRACTITIONER	0.00	0.00
5215 A - NURSE TRAINING CONSULTANT	1.00	0.00
5286 A - NURSE MANAGER	4.00	4.00
5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1.00	1.00
5299 A - CLINICAL NURSING DIRECTOR II	1.00	1.00
5328 A - CLINIC NURSE II	94.00	83.00
5329 A - SUPERVISING CLINIC NURSE I	13.00	12.00
5330 A - SUPERVISING CLINIC NURSE II	1.00	1.00

295 - Public Health Programs	705.00	632.08
5090 A - CLINIC LICENSED VOCATIONAL NURSE I	8.00	7.00
5090 N - CLINIC LICENSED VOCATIONAL NURSE I	10.00	2.00
5094 A - CLINIC LICENSED VOCATIONAL NURSE II	3.00	1.00
5094 N - CLINIC LICENSED VOCATIONAL NURSE II	3.00	3.00
5104 A - LICENSED VOCATIONAL NURSE I	7.00	2.00
5121 N - NURSE PRACTITIONER	1.00	1.00
5230 A - PUBLIC HEALTH NURSE	248.00	212.33
5230 N - PUBLIC HEALTH NURSE	82.00	82.00
5233 A - ASSISTANT PROGRAM SPECIALIST,PHN	4.00	4.00
5233 N - ASSISTANT PROGRAM SPECIALIST,PHN	35.00	32.00
5236 A - PUBLIC HEALTH NURSING SUPERVISOR	26.00	26.00
5236 N - PUBLIC HEALTH NURSING SUPERVISOR	5.00	5.00
5237 A - PROGRAM SPECIALIST,PHN	2.00	1.00
5237 N - PROGRAM SPECIALIST,PHN	12.00	12.00
5286 A - NURSE MANAGER	15.00	15.00
5286 N - NURSE MANAGER	6.00	2.00
5287 A - ASSISTANT NURSING DIRECTOR, EDUCATION	1.00	1.00
5288 A - NURSING DIRECTOR, EDUCATION	1.00	1.00
5299 A - CLINICAL NURSING DIRECTOR II	2.00	2.00
5327 A - CLINIC NURSE I	46.00	39.58
5327 N - CLINIC NURSE I	7.00	5.00
5328 A - CLINIC NURSE II	6.00	5.17
5328 N - CLINIC NURSE II	2.00	2.00

FISCAL YEAR 2004-2005

BUDGETED ITEM	ORD	BUD
5329 A - SUPERVISING CLINIC NURSE I	2.00	2.00
5329 N - SUPERVISING CLINIC NURSE I	1.00	1.00
5351 A - NURSING CARE SPECIALIST I	3.00	0.00
5701 A - HLTH FACILITIES CONSULTANT,NURSING	1.00	1.00
5702 N - HEALTH FACILITIES EVALUATOR I	134.00	134.00
5703 N - HEALTH FACILITIES EVALUATOR II	22.00	21.00
5704 N - HEALTH FACILITIES EVALUATOR III	10.00	10.00

296 - AIDS Program	20.00	20.00
5124 N - UTILIZATION REVIEW NURSE	2.00	2.00
5230 A - PUBLIC HEALTH NURSE	4.00	4.00
5230 N - PUBLIC HEALTH NURSE	2.00	2.00
5233 N - ASSISTANT PROGRAM SPECIALIST,PHN	3.00	3.00
5236 A - PUBLIC HEALTH NURSING SUPERVISOR	1.00	1.00
5237 N - PROGRAM SPECIALIST,PHN	2.00	2.00
5295 N - ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1.00	1.00
5353 N - NURSING CARE SPECIALIST II	4.00	4.00
5701 A - HLTH FACILITIES CONSULTANT,NURSING	1.00	1.00

[illegible]

FACILITY/PUBLIC HEALTH LETTERHEAD

October 4, 2004

TO: Eva Guillen
Finance

FROM: {Designee Name}
{Designee's Location}

SUBJECT: **REGISTERED NURSE (RN) TUITION REIMBURSEMENT PROGRAM -
REQUEST FOR WARRANT**

We are requesting RN Tuition Reimbursement for the following employee:

Employee Name: _____

Employee Number: _____

Course/Class Number(s): _____

Dates Attended: _____

Rate of Reimbursement: _____

The warrant for Tuition Reimbursement should made payable to the employee.

Should you have any questions or need additional information, please contact {Name}
at {Phone Number}.

(Initials:typist)
TR finance memo

Attachments